

QUALITY MANAGEMENT DEVELOPMENT PLAN

APPROVAL

Program, Project, or Organization

Line manager's Signature

Organization

Mail Stop

Date

QA Representative Signature

Organization

Mail Stop

Date

Quality Management Support Group  
Concurrence

Organization

Mail Stop

Date

# LOS ALAMOS

NATIONAL LABORATORY

Applicability, Implementation Status, and  
Development Plan for  
the DOE Order 5700.6C, or  
the Rule: 10 CFR 830.120

DATE: \_\_\_\_\_

Name of Program , Project, or Organization
Criterion Number and Title

## **Part 1. STATEMENT OF APPLICABILITY**

**INSTRUCTIONS:** Laboratory organizations should be covered by a quality management development plan that addresses the 10 criteria of DOE Order 5700.6C, and the codified Rule, 10 CFR 830.120. This may exist at the directorate, division, group, program, or project level.

Review carefully the guidance for the criterion identified above to determine whether it applies to your program, project, or organization. You will need to complete this form for each of the 10 criteria.

Applicability: ☐ Applies ☐ Does Not Apply

**If the criterion applies, complete Part 2, *Implementation Status*. If the criterion does not apply, provide justification below (attach additional sheets as needed).**

This criterion does not apply because:

## **Part 2. IMPLEMENTATION STATUS**

**Instructions.** After reviewing the guidance for the criterion, identified above, review the *Implementation Guide for 10 CFR 830.120 Quality Assurance*, G-830.120-Rev-0, April 15, 1994, and *Implementation Guide for Quality Assurance Programs for Basic and Applied Research*, DOE-ER-STD-6001-92, June 1992, and other codes and standards applicable to your activities. (These guides are included as attachments to the *Quality Management Guidebook* . A partial list of other codes and standards are included in the guidance of each section.)

Consult your line management to determine whether documentation already exists that demonstrates your program's implementation status with this criterion.

**If your program already has full or partial Implementation, list the supporting documents below (attach additional sheets, as necessary).**

Title	Document Number	Date Approved	Responsible organization or Person

**Implementation Status:**

☐ Fully Implemented ☐ Partially Implemented ☐ In Trouble

**If these documents reflect only partial Implementation or if you have checked "In Trouble" above, you will need to complete Part 3, Development Plan.**

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**DATE:** \_\_\_\_\_

List below the topics that need to be addressed and specify the organization or person designated to prepare the appropriate documentation (attach additional sheets, as needed.)

### Milestone Date

[illegible]